

"Some might think," observes Dr. Graham, "it was not wise in him to make so frequent a confession of this kind, since, if a man could live for years in tolerable health, (which was his case,) with only a very small portion of liver, and that probably in a state far from healthy, the conclusion generally drawn from thence would be in no small degree unfavourable to the doctor's opinion, of the supreme importance of the healthful actions of this viscus, and of the absolute necessity of resorting to the free use of calomel in its derangements. However, he was totally mistaken in his own case, for after death the liver was found to be quite sound! a circumstance not much in favour of his discriminating powers. Yet authors are not wanting, who speak of the practical success of this physician, attributing it to his superior acquaintance with hepatic disorders. To me, this success and discernment appear equally problematical."

Dr. Graham distinguishes four different kinds of disorders of the digestive organs, each having its seat principally if not exclusively in a particular organ, though one species or variety seldom exists for any length of time, without producing an unfavourable change in the neighbouring parts. In one variety the stomach is the seat of the affection, in another, the small intestines are involved, in a third, there is faulty or deficient biliary secretion, whilst in the fourth, the large intestines are most affected, the derangement existing there being sometimes the single cause of much local and general disturbance and distress. These, one and all, exert an immediate tendency to prevent the regular and perfect digestion and assimilation of the food.

The discriminating symptoms of each of these varieties are pointed out with great distinctness, and after this we have the causes and treatment of indigestion successively dwelt upon with great ability. The views entertained by Dr. G. in relation to the pathology and treatment of indigestion differ essentially from those of most writers upon the subject, and we regret that we have not space in our bibliography for even such a sketch as might gratify the general inquirer.

An ample appendix by the American editor adds some of the latest intelligence relative to dyspeptic complaints. The treatises particularly noticed are "the Dyspeptic's Monitor," "Abercrombie on Diseases of the Stomach," &c. and Mr. Halstead's "New method of curing Dyspepsia." The productions of the two New York authorities, Dr. Avery and Mr. Halstead, are examined at considerable length, and the mechanical process constituting the new method of the latter, very accurately described.

G. E.

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XVIII. *Remarks on the History and Treatment of Delirium Tremens.* By JOHN WARE, M. D. Fellow of the Massachusetts Medical Society. Boston, 1831. pp. 61. 8vo.

This interesting and well written treatise appears to have been originally published in the Transactions of the Massachusetts Medical Society, a work we have not had an opportunity of seeing, but which is an important addition to our medical literature if its contents tally with the specimen before us.

The subject of delirium tremens has necessarily attracted much attention from practitioners, and especially from such as are attached to public institutions, in which unfortunately there are but too frequently cases of this disease, and we offer no apology to our readers for again drawing their attention to it, being

fully convinced, to use the words of our author, "that every subject in science, and more particularly, every subject in a science of a nature so peculiar as that of medicine, requires not only careful and repeated observation, but the careful and repeated observation of many individuals, in order to its thorough illustration."

Dr. Ware has had ample opportunities of studying the disease in question, as he states that his remarks are deduced from nearly one hundred cases, of which seventy-seven occurred in private practice, and the remainder in the Boston Alms-house; these were cases in which the disease was fully developed, as he does not include that far greater number of instances of incipient disease so common among drunkards. In his appreciation and treatment of these cases, Dr. Ware, we are glad to perceive, has followed the dictates of his own judgment, instead of blindly following one or the other of the favourite modes of cure. Most writers on this disease seem to think that although no two cases are precisely similar, that these differences need not lead to any corresponding difference in the mode of treating them; the result of Dr. Ware's observations has led him to a belief, that what are considered as the most peculiar and prominent symptoms, are not those which are really of the most importance, but that the practitioner is to be as much governed by the general situation of the patient, the character of his attack, and the state of his constitution, as in other diseases. As is well known to every one that has seen much of this complaint, the susceptibility of drunkards to it is exceedingly various; in some it occurs on the slightest derangement of their functions, whilst in others the severest attacks of disease may take place without it making its appearance; nor does it appear to depend on the degree of indulgence in spirituous liquors, or the period of time during which they have been used. At the same time, as is remarked by Dr. Ware, those who become intemperate early in life are more subject to it than those who acquire the habit gradually, and have not used spirituous liquors to excess until they have reached maturity.

Dr. Ware combats the common opinion, that delirium tremens is in most cases immediately occasioned by an abstinence from ardent spirits, and states, that in a large proportion of instances this had nothing to do with it. This agrees with our own experience; as we have seen numerous cases in which the disease appeared in the midst of the most excessive indulgence, as well as under the other circumstances to which he alludes. It may make its appearance suddenly, or be ushered in by a train of premonitory symptoms, of various degrees of violence, and is peculiarly liable to occur in those drunkards who suffer from irritability of the stomach and frequent vomiting. We are sorry that our limits will not permit us to extract the entire account given by the author of the progress and termination of an attack of delirium tremens; it is admirably and graphically drawn up, but is too long for insertion, and would lose its peculiar merits by condensation; we therefore pass to Dr. Ware's descriptions of the several circumstances, states of the system and disease, in connexion with which the delirium makes its appearance. 1st. "As the immediate consequence of a particular excess, or of a succession of excesses, in individuals not otherwise disposed to disease." This form is very common, and is vulgarly known under the name of the "horrors," and it is these cases, according to our author, that have led to the opinion that the disease was capable of being

treated with equal success by the most opposite remedies; this inference, he thinks, unfounded, as it will equally subside of itself unaided by art. 2d. It occurs "as the consequence of habitual intemperance, without being occasioned by any particular or extraordinary excess." Cases of this kind are much more severe and dangerous than the preceding, and are usually attended with more derangement of the gastric organs. 3d. Attacks of delirium tremens also occur "in connexion with other regularly-formed and well-marked diseases, or else as the consequence of injuries." In these cases it often comes on when the patient is convalescent from the primary disease, or when he is only apparently convalescent. In all the above instances, the delirium assumes the form of a regular paroxysm, terminating in sleep; but this is not always the form it assumes; when supervening on other diseases, it may present many anomalies, both in its course and symptoms.

Dr. Ware next gives a particular history of its principal symptoms; these are delirium, watchfulness, and tremor, of which the first is the most universally and constantly present; we cannot follow in detail this part of his treatise, for reasons already stated, but two or three of his remarks require to be noticed; thus, he justly observes, that an important distinction may be drawn between the watchfulness and tremors, as characteristics of the disease, "that the former occurs only in this affection, whilst the latter makes its appearance in all cases of sickness among drunkards, and is even common in many who are in their usual health." Besides these leading symptoms, others take place of more or less importance, as convulsions, some unnatural sensation in the head, variation in the pulse. "There is nothing peculiar in the state of the tongue; it is commonly preternaturally clean, red, and tremulous; but this appearance is common in diseases of drunkards." It is sometimes covered with a thin white coat, and more rarely thickly encrusted. "In general, we may regard the tongue as rather indicating the general state of the system, then the state of the disease itself." We notice Dr. Ware's opinion on this point the more particularly as the foulness of the tongue is considered by the advocates of the emetic plan of treatment as one great indication for their use. The appetite usually fails; thirst is seldom excessive; the skin is generally soft and moist from the first, and towards the close of the disease it is bathed in sweat.

"Morbid anatomy has thrown no light on the nature of that affection of the brain and nervous system, which gives rise to the peculiar symptoms of delirium tremens. Indeed, its history would rather lead us to expect, that these symptoms do not depend on any organic changes discoverable by dissection, but merely on a disturbance in their functions." In the treatment of these cases, Dr. Ware observes, that we should constantly keep in view:—"1st. By what measures may we prevent an attack of delirium tremens when it is threatened? 2d. By what measures may we arrest or alleviate the paroxysms, or carry the patient in safety through it." As regards the first of these inquiries, an attack, he says, is to be prevented by the judicious use of such general measures as will be spoken of in treating of its management. On the second question he dwells at some length, especially as to whether it is absolutely necessary to procure sleep by the assistance of art; on the benefit of natural sleep there is no difference of opinion, but authors are not so unanimous as to the paramount importance of this state when artificially produced. Dr. Ware him-

self inclines to the belief, that this artificial sleep is not so necessary as has been supposed, and that even in many of those cases where it is said to have been beneficially induced, it did not actually take place sooner than it would have done in the natural course of the disease. "I am satisfied, therefore, that in cases of delirium tremens, the patient, so far as the paroxysm alone is concerned, should be left to the resources of his own system, particularly that no attempt should be made to force sleep by any of the remedies which are usually supposed to have that tendency." We invite the attention of practitioners to Dr. Ware's arguments on this head, and although we do not agree with him as to the inefficacy of narcotics, we are ready to admit that he has staggered our belief in their absolute utility; and we have long agreed with him, that the ratio of success by the *expectant* plan has been nearly, if not fully as great as by the stimulant, or rather the narcotic.

Dr. Ware's own mode of procedure may be thus summed up. When the attack is preceded by acute disease, the course which is most likely to relieve the original affection, is most likely to prevent the delirium, or at least to make it milder. In the treatment of the delirium itself, blood-letting is of great utility when properly timed, and employed with judgment, but is by no means to be indiscriminately resorted to in all cases. Local is more universal in its adaptation than general bleeding, and in fact may be beneficially employed in a majority of instances. Emetics are useful in all cases where the digestive organs are deranged, not to hasten the accession of sleep, as at first proposed, but for their effects on the general state of the system. No particular advantage arises from purging to any extent; it is, however, desirable that the bowels should be kept open. Blisters, though reprobated by many practitioners, have been found useful in some cases. The general course to be pursued is thus detailed by Dr. Ware:—

"Where we are satisfied that the delirium is the immediate consequence of the excessive use of liquor in an individual previously in good health, no medical treatment is necessary. If the patient be left to himself, and be debarred from ardent spirits, the attack subsides spontaneously. In the worst cases no medicines can be required beyond a dose of salts, and an infusion of valerian, of wormwood, or of hops. In those cases which are preceded by some general derangement of the system without any well-defined disease, our course is to be determined by the nature of the derangement, and the state of the constitution. Where the patient is robust and vigorous, more particularly where in such a patient there has been convulsions, or severe pain in the head, general bleeding should be freely adopted, and is the most important remedy. In almost all cases, let the constitution be what it may, local bleeding may be regarded as beneficial, if not indispensable; and it is particularly called for, where there is dizziness, pain in the head, or much flushing of the countenance, with heat in the head or face. When the digestive organs have been long in a deranged state, especially when the stomach appears to be loaded with a mass of secretions which are offensive to it, and which excite it to ineffectual vomitings, a powerful emetic is of essential benefit. This may be followed by a cathartic of calomel, either combined with, or followed by some other article which will promote its full operation. It is afterwards only necessary to regulate the bowels by mild laxatives, unless some unusual symptoms arise which indicates a more active evacuating treatment."

Dr. Ware is of opinion that the common practice of allowing spirituous

liquors during an attack, is incorrect. The diet should consist of nutritious liquids. As little restraint should be exercised over the patient as is consistent with propriety and safety; patients should never be intrusted, especially during the night, to females alone, as they frequently require to be restrained from acts of violence on themselves.

The treatment after the paroxysm has nothing peculiar, and the convalescence is generally rapid.

It will be seen by the above sketch, that Dr. Ware's plan of treatment differs from the generality of modes proposed, being however more allied to the expectant than to the others. We recommend an attentive perusal of his paper to the advocates of the stimulant school, as showing that equal advantages may be obtained without the use of narcotics, &c.

R. E. G.

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XIX. *Treatise on the Excision of Diseased Joints.* By JAMES SYME, Surgeon, &c. p. 163. 8vo. Plates V. Edinburgh, 1831.

The object of this work is to recommend the practice spoken of in the title, which seems to have been very successful, at least in Edinburgh, for out of seventeen cases of excision of the elbow-joint performed there, only two have terminated fatally, of which, one the author believes would have died from any operation whatever, while in the other, the disease was found so extensive as to render excision almost impracticable.

The considerations which give to this operation an advantage over that of ordinary amputation, are less ultimate hazard to the life of the patient and the preservation of the limb.

"The advantages of amputation are, that it quickly, easily, and effectually removes the disease; but these are balanced by the serious objection of its depriving the patient of a limb; and it may be added, that, though this operation cannot now be regarded as attended with much danger, it is certainly not by any means free from it. To say nothing of the ordinary bad consequences of amputation, I must here particularly notice the risk of inflammation and supuration of the lungs, or other internal organs, which renders the result of amputation for caries so unsatisfactory, especially in hospitals. Every one who has attended the Hotel-Dieu, must have remarked the frequency of death, or rather the rarity of recovery after the removal of limbs in such circumstances; and though the evil seldom goes to such an extent in other places, I am sure all practical surgeons must be familiar with it. It is also observed that adult patients who have suffered amputation for caries, often fall into bad health, and die of dropsy or some other chronic complaint within a year or two after the operation. These bad effects seem referable with most probability to the disturbance which is excited in the system by taking away a considerable part of the body; but, whatever be the true explanation of them, there can be no doubt as to the fact of their occurrence, which ought to be carefully remembered in making the comparison that is now attempted.

The great recommendation of excision is, that it saves the patient's limb; and the benefits accruing to him from this are so important and conspicuous, that unless the objections which can be urged against it, should appear after mature consideration to be very serious indeed, we ought not to hesitate in giving it the preference. These objections so far as I have been able to ascertain, are the following:—*First*, The difficulty of the operation. *Second*, Its danger. *Third*, The useless condition of the limb in which it has been performed."